

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90136 037 ****61.25

DOCUMENT # 718818

1. Entity Name

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business

5131 VICTORIA LANE
HOLIDAY FL 34690
US

Mailing Address

5131 VICTORIA LANE
HOLIDAY FL 34690
US

2. Principal Place of Business

3. Mailing Address

5152 Victoria Lane

5152 Victoria Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Holiday FL

Zip

34690

Country

US

Zip

34690

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2875204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, BEA
5131 VICTORIA LANE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

Alice Brandt

Street Address (P.O. Box Number is Not Acceptable)

5317 Tammy Lane

City

Holiday

FL

Zip Code

34690

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Alice Brandt - Alice Brandt President

4-24-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, BEA 5131 VICTORIA LN HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, HARRY 5238 NANCY LANE HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, JIM 5034 VICTORIA LANE HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANDT, ALICE 5317 TAMMY LANE HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPP, PEGGY 5311 TAMMY LANE HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEALE, PATRICIA 2222 PRESTIGE DRIVE HOLIDAY FL 34690	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alice Brandt 5317 Tammy Lane Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bea Carlson 5238 Victoria Ln. Holiday FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Catherine Potter 5039 Duic Ln. Holiday FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rick Taylor 5152 Victoria Ln. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman Chambo 5138 Victoria Ln Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Nadeau 2222 Prestige Dr. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Brandt REQUIRED Alice Brandt 4-24-01 (727)942-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)